

# 2013 SUMMER SCHOLARS ACADEMY!

***FREE summer program! Transportation and lunch provided daily!***  
***Field trips every Friday! Make new friends! Feel prepared to succeed in 9<sup>th</sup> or 10<sup>th</sup> grade!***

***\*This is NOT summer school! No tests, no grades, no homework...***

- WHO:** Students who will enter the 9<sup>th</sup> or 10<sup>th</sup> grade in Fall 2013.  
Students who plan to attend, or live near, Cane Ridge, Glenclyff, Maplewood, or Pearl-Cohn H.S.  
Students who want to have fun, learn, and make new friends over the summer.
- WHEN:** Monday – Friday, June 3 – June 28, 8:00 a.m. – 1:00 p.m.
- WHERE:** Cane Ridge, Glenclyff, Maplewood, or Pearl-Cohn High School
- COST:** Free! No cost for Scholars Academy, field trips, transportation, or lunch
- WHAT:** Field trips every Friday, including college visits  
Monday – Thursday:  
Small groups of students work with a team of enthusiastic Leaders.  
Each morning, students will improve their written expression, and engage with the ideas of Algebra or Geometry.  
Each afternoon, students will enjoy varying “enrichment” activities.
- WHY:** The goals of Scholars Academy are for each scholar to succeed in and complete high school, to aspire to college, and to succeed in college.  
Along the way, they will create a positive, mutually-supportive group of students their age.

**\*\*\* To enroll, complete and return every page of this form:**

**Mail:**  
Ashley Daugherty  
Mayor’s Office  
Metropolitan Courthouse  
Nashville, TN 37201

**or Email:**  
Ashley.Daugherty@nashville.gov

**or Fax:**  
615.862.6040

**\*\*\*Call with questions: 615.880.3673\*\*\***

STUDENT'S NAME: \_\_\_\_\_

SCHOOL PRESENTLY ATTENDING: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

SCHOOL YOU PLAN TO ATTEND IN THE FALL: \_\_\_\_\_ High School

Home Address: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Email: \_\_\_\_\_ Gender: \_\_Male \_\_Female

Cell phone #: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Eligible for Free/Reduced school lunch? \_\_\_\_\_

Ethnicity: \_\_African American \_\_Asian \_\_Latino \_\_White (not Hispanic) \_\_Other

What Math class were you in this school year? ☐ Pre-Algebra ☐ Algebra ☐ Geometry ☐ Other = \_\_\_\_\_

What Math class will you be in next school year? ☐ Algebra ☐ Geometry ☐ Other = \_\_\_\_\_

Why should you be selected for SCHOLARS ACADEMY? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Family & Emergency Info

#### \*Custodial Parent/Guardian:

Names: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Other phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Alternate Contact for Emergencies:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Other phone: \_\_\_\_\_

Email: \_\_\_\_\_

**\*What is the best way to contact you?** \_\_\_\_\_

## Medical Information

Primary doctor: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Primary dentist: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_

Health Insurance Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medications: YES NO Allergies or Food Restrictions: YES NO

Physical restrictions: YES NO Other illnesses/conditions: YES NO

If you circled "YES" on any of the above, please give necessary details:

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## Transportation

How will your child get to Scholars Academy each morning? ☐ Walk ☐ Be dropped off ☐ Ride the SA bus

How will your child get home from Scholars Academy each afternoon? ☐ Walk ☐ Be picked up ☐ Ride the SA bus

List anyone other than yourself who will be allowed to pick-up your child from Scholars Academy:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## TRANSPORTATION PERMISSION SLIP

Student First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Student's Address \_\_\_\_\_ Zipcode \_\_\_\_\_

Is this a new home address (have you moved in the last 6 mos.)? YES NO

Parent/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

**Program: (X) SCHOLARS ACADEMY and Other Enrichment**

My student has permission to ride a bus, including a private company's bus or a Metropolitan Nashville Public Schools School Bus, to/from a high school site and my student's bus stop or a home stop in order to participate in extended school day activities (Scholars Academy). I understand that my student may be en-route on the school bus in excess of one (1) hour. I understand that transportation services will not be provided for my student if we reside in a parent responsibility zone. My student and I understand that this service is a privilege, and further understand that bus service will be discontinued should the student misbehave or violate the bus company or school system's safety rules. My student and I have read the Bus Rider Rules and agree to abide by them.

**Parent/Guardian's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_, 2013

## GENERAL PERMISSIONS and GENERAL RELEASE

I acknowledge that I voluntarily and willingly permit **my child**, \_\_\_\_\_, to participate in the SCHOLARS ACADEMY program at one of the four Metropolitan Nashville Public School sites.

I give my permission to SCHOLARS ACADEMY, MNPS, and the Metropolitan Government of Nashville and Davidson County, unless otherwise noted in the space below:

- a. To have my child participate in Scholars Academy activities at school as well as other off-site locations, knowing that this might include special activities, such as off-site events, end-of-session celebrations, homework/academic help, and field trips.
- b. With the medical information above in mind, to engage in all activities except as noted.
- c. To have the schools release my child's records that may contain personal information (such as grades, attendance, behavior, IEPs, health records, etc.) and to share this information with SCHOLARS ACADEMY staff, as pertinent to help my child succeed in school or Scholars Academy.
- d. To secure proper medical treatment for my child in the event of an emergency. If I or my emergency contact cannot be reached, I give permission for a physician to order routine tests and treatment for the health of my child. I give permission to a physician to secure treatment and/or hospitalize my child, after all emergency contact attempts have been made.
- e. To use photographs, creative work, quotes, videos, or other media which may include my child in media or public releases regarding the SCHOLARS ACADEMY.

I, the undersigned, understand, acknowledge, and agree:

- That I have read and understand the information above.
- That I will update the information I provided in a timely fashion.
- That my child may be asked to complete surveys regarding the program for evaluation purposes.
- That the program will request my child's records that may contain personal information (such as grades, attendance, behavior, IEPs, health records, etc.). I therefore waive, with respect to these disclosures, any duty of confidentiality arising from Federal or State requirements.
- That participation in the SCHOLARS ACADEMY and providing information about my child may involve certain risks. I assume all of these risks.
- That I will not seek to hold MNPS, the Metropolitan Government of Nashville and Davidson County, or the SCHOLARS ACADEMY responsible for any losses or damages whatsoever which I or my child may incur in connection with the program.

I understand that the Scholars Academy is providing this program to my child/children at no cost, and that such participation is voluntary. In consideration for services provided by the SCHOLARS ACADEMY, I acknowledge that I accept the terms of this agreement and release the Metropolitan Government from any and all liability for the participation of my child/children in the program and activities related thereto. I agree to forever release and to indemnify and hold harmless the Metropolitan Government of Nashville and Davidson County, the Metropolitan Nashville Public Schools, and the instructors of the SCHOLARS ACADEMY from and against any and all claims, demands, causes of actions related to the participation of my child/children in the program.

**I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE FORM, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.**

\_\_\_\_\_  
Signature of Custodial Parent / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Custodial Parent / Guardian